DOCUMENT RESUME

ED 137 605 CE 010 727

AUTHOR	Griggs, Robert J.
TITLE	The Use, Recruitment and Training of Volunteers in Rehabilitation Facilities. Final Report.
INSTITUTION	Goodwill Industries of America, Inc., Washington, D.C.
SPONS AGENCY	Social and Rehabilitation Service (DHEW), Washington, D.C. Div. of Research and Demonstration Grants.
BUREAU NO	BN-12-P-55087
PUB DATE	Dec 73
GRANT	12-P-55087-3-03
NOTE	57p.
EDRS PRICE	MF-$0.83 HC-$3.50 Plus Postage.
DESCRIPTORS	Disadvantaged Groups; Handicapped; *Health Facilities; Hospitals; Material Development; National Surveys; Nonprofessional Personnel; Professional Personnel; Program Descriptions; *Program Development; Program Planning; *Recruitment; *Rehabilitation; Vocational Rehabilitation; *Volunteers; *Volunteer Training
IDENTIFIERS	United States

ABSTRACT

Objectives of the 3-year Volunteers in Rehabilitation Project (VIR) were to (1) document the scope and extent of volunteer participation within rehabilitation facilities, (2) prepare and test the effectiveness of handbooks designed to promote and improve volunteer programs, and (3) provide training experiences that could modify negative attitudes of facility leaders and guide the development of volunteer programs. To reach these objectives, three major project activities were performed. First, a questionnaire was administered nationally to facility executive directors or administrators, auxiliary presidents, volunteer coordinators, and individual volunteers to gather information about volunteer participation and activities. This resulted in the second activity--the development and testing of handbooks relating to volunteers, for use by volunteers and nonhospital and hospital rehabilitation facilities. The final project activity involved a series of eight seminars which focused on using the project-developed handbooks and other training tools, broadening acceptance of different forms of volunteering, providing new knowledge, and developing important skills relating to volunteer activity. This final report of the VIR project details all project activities, background information, and results. The appendixes include the project questionnaire, a listing of the handbooks developed, and other information related to the project. (SH)

Documents acquired by ERIC include many informal unpublished materials not available from other sources. ERIC makes every effort to obtain the best copy available. Nevertheless, items of marginal reproducibility are often encountered and this affects the quality of the microfiche and hardcopy reproductions ERIC makes available via the ERIC Document Reproduction Service (EDRS). EDRS is not responsible for the quality of the original document. Reproductions supplied by EDRS are the best that can be made from the original.

ED137605

THE USE, RECRUITMENT AND TRAINING OF VOLUNTEERS IN REHABILITATION FACILITIES

Project No. 12-P-55087

GOODWILL Industries of America, Inc.

Washington, D.C.

December 1973

CE 010 727

VOLUNTEERS IN REHABILITATION PROJECT

This Project was supported, in part, by Research and Demonstration Grant No. 12-P-55087/3-03 from the Division of Research and Demonstration Grants, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C., 20201.

Sponsored by:

Goodwill Industries of America, Inc.
National Auxiliary to Goodwill Industries
9200 Wisconsin Avenue
Washington, D.C. 20014

Stanley Levin, Project Director
Robert J. Griggs, Principal Investigator

FINAL REPORT

December 1973

FINAL REPORT

Volunteers in Rehabilitation Project

		Page
I.	Introduction	1
II.	Findings, Implications, and Possible Actions	4
III.	Project Products of Special Significance	7
	Three Innovative Products	7
	Concept of a PLANNED VOLUNTEER PROGRAM	7
	Attitudinal Scale	8
	Volunteer Program Organizational Development (OD) Scale	8
IV.	Background Information	10
	Origin of the Project	10
	Objectives of the Project	10
	Review of Literature	11
	Description of Project Setting	11
V.	Personnel	12
	Project Staff	12
	Supportive Staff	12
	Committees	12
	Other Sources of Assistance	13
VI.	Methodology and Results	14
	National Study	14
	Sampling Procedures	14
	Questionnaires	15
	Results	16
	Handbooks	16
	Titles	17
	On-Site Studies	17
	Special Meetings	18
	Compiling and Reviewing Materials	19
	Experiment	20
	Results	21
	Training Seminars	21
	Results	23
	Committee Meetings	23
	Bibliography	24
	Exhibits	
	A. "Report of an Experiment to Evaluate the Effectiveness of Handbooks on Volunteers in Rehabilitation Facilities"	26
	B. List of Advisory Committee	51

I. INTRODUCTION

How will the last forty years of the twentieth century be characterized and remembered? Various phrases have been applied to earlier periods of this century: the Flapper Era, the Atomic Age, and the Space Age. A growing number of people are hoping the seventh decade of the twentieth century will be identified as the Era of Volunteerism.

Among the many advancements and changes peculiar to this century, it is proposed that none is more characteristic of America's social progress than the expanded development and practice of voluntary action. Not surprisingly to people aware of America's heritage and evolution, it is natural for this nation to emphasize voluntarism as an ideal means of realizing goals and solving problems. Since 1900, expansion of volunteering was fostered within many new arenas of social welfare.

School volunteering began extending far beyond the original PTA concept. Volunteers in court and correctional settings received new impetus and guidance through new publications and organizations which emerged in the 1960's. Public welfare volunteering was mandated by passage of the 1967 Social Security Amendments. During this same period of time, the U. S. Army officially recognized the potential of volunteer participation to improve the general welfare of the military community and Army leaders were directed to establish viable volunteer programs.

In the midst of all this expansion and growth of volunteering, the field of rehabilitation became conspicuous because of the obvious lack of widespread volunteer participation. Thanks to the vision of a few dynamic persons, and the leadership of two national organizations, the Volunteers in Rehabilitation (VIR) Project was launched in 1970. Federal funding plus voluntary auspices and enthusiastic volunteer involvement provided a combination of forces and sources that could not fail to have tremendous impact throughout the entire spectrum of rehabilitation programs. (More about the Project's history is presented in a subsequent section of this report.)

To a considerable extent, personnel shortages have been responsible for the relatively recent increased interest in volunteering within rehabilitation facilities. Certainly the problem of insufficient manpower has been affected by legislative actions that have expanded rehabilitation responsibilities. 1965 legislation added behavioral disabilities to the focus of rehabilitation which had earlier been broadened beyond physical disabilities to include emotional disabilities and mental retardation. Further expansion of rehabilitation responsibilities resulted from recent passage of the Developmental Disabilities Act.

In addition to the expanding definition of disability, the manpower situation became increasingly acute due to growing pressure for expanded services, and due to alternative approaches proposed for more effectively staffing rehabilitation agencies. Considerable attention was focused on

volunteering in rehabilitation programs through professional journal articles such as those published in 1964 by Reinherz,[1] Mase,[2] and Rich.[3] Thomas Rich and his colleagues reported that volunteers often enrich rehabilitation programs by providing special skills and experience otherwise not available within particular facilities. Darrel J. Mase provided very important support for volunteering by stating that the performance of certain time-consuming tasks and activities by volunteers can enable paid staff to provide more individualized and professional services to clients. Mase also suggested that volunteers who possess special qualifications can expand the operation of facilities, thereby possibly increasing the number of clients being served.

In 1965, Frank Reissman[4] described a project which demonstrated that volunteers can increase the effectiveness of the rehabilitation process by reinforcing the therapeutic relationship, especially if the volunteers are indigenous to the environment of the clients. Similar propositions had been advanced by Whitehorn and Betz[5] eight years earlier.

In 1970, consideration of volunteers as a manpower resource for rehabilitation facilities was given official recognition through the awarding of federal monies to fund the Volunteers in Rehabilitation (VIR) Project. In May of 1970 the Research and Demonstration Division of the Social and Rehabilitation Service of DHEW approved a three-year grant to Goodwill Industries of America and the National Auxiliary to Goodwill Industries. Two chief purposes were outlined in the grant application. One involved the documentation of current contributions by volunteers to the provision of services to handicapped and disadvantaged persons. The other proposed the development and demonstration of materials and tools that have the potential of expanding and improving volunteering in rehabilitation facilities. Two products of the VIR Project have been published:

1. The State of the Art of Volunteering in Rehabilitation Facilities.[6]

2. A series of twelve handbooks on the organization and administration of volunteer programs in rehabilitation facilities.

In addition to presenting material from the above two products, this Final Report provides information about the many other activities and results of the VIR Project.

REFERENCES

[1]Reinherz, Helen. "The Therapeutic Use of Student Volunteers." Children, Volume II, (July-August, 1964), 13-19.

[2]Mase, Darrel J. "Manpower Utilization for the Future." Journal of Rehabilitation, 30, (1964), 37-39.

References (continued)

[3]Rich, Thomas A.; Gilmore, Alden S.; and Williams, Charles F. "Volunteer Work with the Mentally Retarded." Rehabilitation Record. (September-October, 1964), 4-6.

[4]Riessman, Frank. "The New Community-Based Non-Professional Mental Health Aide." Journal of Fort Logan Mental Health Center, Volume 3, (Winter, 1965), 87-100.

[5]Whitehorn, J. C., and Betz, B. J. "A Comparison of Psychotherapeutic Relationship between Physicians and Schizophrenic Patients when Insulin is Combined with Psychotherapy and when Psychotherapy is Used Alone." American Journal of Psychiatry, Volume 113, (1957), 901-910.

[6]Griggs, Robert J.; Levin, Stanley; and Obermann, C. Esco. The State of the Art of Volunteering in Rehabilitation Facilities. Washington, D.C.: Goodwill Industries of America and National Auxiliary to Goodwill Industries, 1971.

II. FINDINGS, IMPLICATIONS, AND POSSIBLE ACTIONS

It was the primary premise of the VIR Project that services to handicapped and disadvantaged persons can be increased and enriched through the expansion and improvement of volunteer participation in rehabilitation facilities. Implementation of the various Project activities produced considerable data and provided valuable insights. Strengths of existing volunteer programs have been identified and highlighted. Also exposed and carefully analyzed were weaknesses that deserve additional consideration and positive action.

FINDINGS. Less than 60% of non-hospital rehabilitation facilities have volunteer programs. It can be estimated that approximately 55,000 volunteers participated in these facilities in 1969. About 67% of these volunteers performed activities which directly assisted paid staff members or facility clients.[1]

IMPLICATION. It will require encouragement, guidance, and technical assistance from sources of authority and leadership to increase the proportion of facilities that incorporate volunteer programs, to increase the number of participating volunteers, and to increase the percentage of volunteers who perform Direct Service activities.

ACTIONS. 1. RSA and SRS should issue regulations that encourage (perhaps require) rehabilitation facilities to incorporate PLANNED VOLUNTEER PROGRAMS (possibly a prerequisite for grants, purchase of service contracts, etc.).

2. Regional offices of SRS, and each state rehabilitation agency, should add staff members or consultants who are capable of promoting and developing PLANNED VOLUNTEER PROGRAMS within local rehabilitation facilities.

3. RSA and SRS should inaugurate a grant program, similar to construction or training grants, as a means of assisting facilities with the costs of establishing or organizing PLANNED VOLUNTEER PROGRAMS.

4. CARF standards for accreditation should strongly support the organization and operation of PLANNED VOLUNTEER PROGRAMS.

5. Leaders of national organizations such as National Association for Retarded Citizens, United Cerebral Palsy Association, Goodwill Industries, National Easter Seal Society for Crippled Children and Adults, IARF, and NRA should promote and assist the development of PLANNED VOLUNTEER PROGRAMS throughout their memberships.

FINDINGS. About 33% of the volunteers in non-hospital rehabilitation facilities are 50 years of age or older; over 60% are 35 years of age or older. Almost 86% of the volunteers in these facilities are female. Approximately 2% of the volunteers in non-hospital facilities are handicapped, while almost 1.5% of the volunteers in these facilities are socially and/or culturally disadvantaged.[2]

IMPLICATION. It will require vigorous promotion and guidance to diversify the socioeconomic characteristics of volunteers participating in rehabilitation facilities.

ACTIONS. 1. Volunteer programs involving persons with diverse socioeconomic characteristics should be featured in newsletters and other publications of SRS and national organizations; feature articles on this subject should be promoted in community newspapers and ethnic publications by public information offices of SRS, other governmental agencies, and national organizations.

2. Special efforts should be directed toward informing leaders of rehabilitation facilities about the necessity of assisting many volunteers -- particularly certain indigenous volunteers -- with the expenses ordinarily involved in volunteer participation.

FINDINGS. 1. Administrators of hospitals which incorporate volunteer programs achieved an average attitudinal score of 75.0 toward volunteer participation. Executive Directors of non-hospital facilities which incorporate volunteer programs achieved an average attitudinal score of 71.3 toward volunteer participation. From another perspective, over half (55.4%) of the Administrators of hospitals with volunteers scored 75.0 or more on the attitudinal scale as compared with one-third (33.8%) of the Executive Directors of non-hospital facilities with volunteers.[3]

2. 84 points was the minimum required for a volunteer program to place in the Above Average classification of the Organizational Development Scale. Less than nine percent (9%) of the volunteer programs in non-hospital facilities achieved scores high enough to classify Above Average.[4]

IMPLICATIONS. 1. Improving the attitudes of Executive Directors of non-hospital facilities about volunteer participation should be accepted as a major responsibility of leaders concerned with the future of volunteering.

2. Increasing the percentage of volunteer programs (in rehabilitation facilities) which can achieve Above Average Organizational Development should be accepted as a major goal by officals concerned with the field of rehabilitation.

ACTIONS. 1. Seminars for Executive Directors of non-hospital facilities should be conducted on a continuing basis for the purposes of helping them understand the value of volunteer participation and providing them with knowledge about organizing and administering PLANNED VOLUNTEER PROGRAMS.

2. Training programs (institutes, conferences, and academic courses) for facility staff members -- particularly persons responsible for directing volunteer programs -- should be encouraged, promoted, and financially subsidized.

3. Leaders of national organizations should vigorously promote informational sessions and training programs during conferences, annual

meetings, and other similar activities.

4. Special events and projects that facilitate the exchanging of ideas and sharing of experiences should be organized and implemented among facilities, state agencies, regional offices, and voluntary organizations and governmental agencies at all levels.

FINDING. Written materials, such as handbooks, are relatively effective at increasing the hours of Direct Service activities and the number of hours of service contributed by volunteers.[5]

IMPLICATION. Widespread receipt and application of handbooks, other types of written materials, and special tools can increase the performance of Direct Service activities by volunteers in rehabilitation facilities, and can also increase the number of hours volunteers will participate in facilities.

ACTION. Handbooks and other materials that can guide the organization and administration of PLANNED VOLUNTEER PROGRAMS should be widely distributed to rehabilitation facilities on a continuing basis. Facilities should be encouraged to apply the information in the handbooks, and all materials should be revised periodically as necessary.

* * * * * * * *

Only a few selected findings of the VIR Project have been presented in this Final Report. Actions proposed can be accepted or alternative courses of action can be substituted. Most importantly, the criteria for selecting particular actions or procedures should be the extent to which handicapped and disadvantaged persons will be served more effectively tomorrow than they are being served today.

References

[1]Griggs, Robert J.; Levin, Stanley; and Obermann, C. Esco. The State of the Art of Volunteering in Rehabilitation Facilities. Washington, D.C.: Goodwill Industries of America and National Auxiliary to Goodwill Industries, 1971.

[2]Ibid.

[3]Ibid.

[4]Ibid.

[5]"Report of an Experiment to Evaluate the Effectiveness of Handbooks on Volunteers in Rehabilitation Facilities" (Washington, D.C.: Goodwill Industries of America, unpublished report, 1973).

III. PROJECT PRODUCTS OF SPECIAL SIGNIFICANCE

Success is usually subjectively determined. In the case of the Volunteers in Rehabilitation Project, success can, and should, be interpreted by the readers of this report. While it is not possible to adequately reflect the scope, breadth, and depth of a three-year undertaking such as the VIR Project in a short report such as this, it is anticipated the readers will easily comprehend the immense efforts performed through the VIR Project and the value of its tangible and intangible contributions.

THREE INNOVATIVE PRODUCTS

To facilitate understanding of the VIR Project and its importance to the field of rehabilitation and to handicapped and disadvantaged persons, three innovative products of Project activities are described in the following paragraphs. Each product has distinctive significance and is worthy of serious consideration.

1. Concept of a PLANNED VOLUNTEER PROGRAM

It is a strange phenomenon, but nonetheless valid, that many people will pay more attention to an idea if it has a "catchy" title. This reality is partially responsible for the phrase "Planned Volunteer Program." After many discussions with leaders of rehabilitation facilities, it became clear that something more than the typical approach to volunteering would have to be proposed in order to capture their attention and achieve serious consideration.

The concept of a PLANNED VOLUNTEER PROGRAM was devised in order to crystalize the knowledge and attitudes obtained through the extensive observation, analysis, and experience that occurred through implementation of the VIR Project.

Most leaders of rehabilitation facilities would readily agree that there is a definite relationship between the time and effort expended on the organization of a rehabilitation program (business enterprise, fund-raising effort, or social activity) and the effectiveness with which the program (enterprise, effort, or activity) operates. However, most leaders of rehabilitation facilities have not given priority status to the planning and administration of volunteer programs.

It is hoped the concept of a PLANNED VOLUNTEER PROGRAM will become a major interest of rehabilitation leaders and receive their serious consideration. There is substantial confidence among VIR Project leaders that application of the Basic Principles and implementation of the 14 Key Components inherent to a PLANNED VOLUNTEER PROGRAM will prove so successful that volunteer participation in rehabilitation facilities will soon be one of the most popular and valued forms of volunteering throughout the United States.

Handbooks Nos. 1 and 3 explain, describe, and outline the concept of a PLANNED VOLUNTEER PROGRAM. Copies of these handbooks may be obtained from Goodwill Industries of America, Inc.

2. Attitudinal Scale

Among the early observations of VIR Project staff were the less-than-positive attitudes about volunteer participation frequently expressed, or otherwise indicated, by executive personnel of rehabilitation facilities. The importance of attitudes was not universally recognized by, nor was there general agreement about the nature of attitudes toward volunteering among, the leaders of the VIR Project. Therefore, Project staff proceeded to design a series of 21 statements that might give some indication of the attitudinal inclination of particular persons toward volunteering. The series of 21 statements was designed in such a manner to permit mathematical weighting of responses. By arriving at a sum total of responses and using a simple middle-point as the basis for assessing positive vs. negative attitudes, it became possible to "measure" attitudes about volunteer participation in rehabilitation facilities.

While the approach and its components have limitations, the list of statements and the mathematical procedures do provide the basis for an Attitudinal Scale that can be helpful.

Specific information about the Attitudinal Scale and its application within the VIR Project can be found on pages 19, 20, 21, 22, 53 and 54 of The State of the Art of Volunteering in Rehabilitation Facilities. (A copy of this publication may be obtained from Goodwill Industries of America, Inc.)

3. Volunteer Program Organizational Development (OD) Scale. (The Griggs-Levin Scale)

As Project staff undertook the analysis of data contained in questionnaires returned by Executive Directors of rehabilitation facilities, it became increasingly clear that some means for ranking volunteer programs would be helpful, if not highly essential and desirable. Ranking could not be applied to effectiveness or be misconstrued as evaluating the success of volunteer programs to achieve particular goals or objectives. Limitations of data and the absence of acceptable methodology prevented going beyond a system of identifying and mathematically weighting the presence of selected organizational components and management procedures.

Project staff identified 14 organizational components and management procedures they believed to be essential to effective volunteer program operation. Arbitrary values were assigned to each component and procedure. Adding the points received for each component and procedure produced a total score that was designated the Organizational Development (OD) Score for a particular facility's volunteer program.

In addition to an OD scoring system, Project staff arbitrarily established three categories of organizational development: Above Average, Average, and Below Average. Thus, it became possible for volunteer programs in rehabilitation facilities to be classified on the basis of relative degrees of organizational development.

Hoping to stimulate interest in strengthening and improving volunteer programs in rehabilitation facilities, Project staff prepared a self-scoring exercise. Facilities throughout the nation were encouraged to apply the OD Scale and Classification system to their own volunteer programs by independently administering the self-scoring exercise.

More information about the OD Scale and classification system can be found on pages 36, 37, 54, 55, and 56 of The State of the Art of Volunteering in Rehabilitation Facilities.

IMPORTANT EDITORIAL NOTE

While Project staff were acutely aware the Project focused on volunteering in rehabilitation facilities, they endeavored to facilitate the adaptability of Project results to any setting in which volunteering might occur. Therefore, it should be noted that the three innovative products described in the preceding paragraphs have validity and applicability to volunteer programs in many types of agencies and organizations in addition to rehabilitation facilities.

IV. BACKGROUND INFORMATION

ORIGIN OF THE PROJECT

The National Auxiliary to Goodwill Industries (NAGI) was founded in 1930. This unusual organization provides coordination and leadership to the numerous local auxiliaries which relate to community-based Goodwill Industries located throughout the country. Of primary importance to both the national and local auxiliaries is the performance of volunteer service in order to supplement and enhance the program of Goodwill Industries.

In 1969 a NAGI committee recommended the study of volunteerism and the development of tools to assist the recruitment, training, and involvement of volunteers in rehabilitation facilities. Moving into action quickly, NAGI leaders unanimously voted to assume nationwide leadership for increasing and expanding volunteer participation within programs serving handicapped and disadvantaged persons.

With assistance from volunteer consultants, officials of NAGI prepared a proposal requesting funding from the Department of Health, Education, and Welfare. Meetings were held with leaders of Goodwill Industries of America and Federal officials. Following approval and funding of the grant application, NAGI leaders recruited Project staff members. In addition, the cooperation and assistance of other important organizations and individuals was secured, resulting in the formation of a working Advisory Committee.

No momentum was lost as the NAGI leaders continued their energetic efforts to fulfill their dreams, interests, and promises to others. HEW funding began June 1, 1970. The Project Director and Principal Investigator began July 5, 1970. In early August the Project Committee held its first meeting, and the full Advisory Committee met in October. The tempo of project activities maintained this pace of vigor and progress throughout the three years the grant was funded.

OBJECTIVES OF THE PROJECT

Project leaders identified four major objectives of the Volunteers in Rehabilitation Project:

1. To document the scope and extent of volunteer participation within rehabilitation facilities.

2. To prepare handbooks that could promote and facilitate the organization, administration, improvement, and expansion of volunteer programs within rehabilitation facilities.

3. To test the effectiveness of the handbooks in terms of producing positive changes in volunteer participation.

4. To provide training experiences that could modify negative attitudes of facility leaders and guide the development of volunteer programs.

Each of these objectives was viewed as a phase of the total Volunteers in Rehabilitation Project. The first phase consisted of a nationwide study of current volunteer participation within rehabilitation facilities. The second phase involved the writing and publication of a series of twelve handbooks that provided extensive comprehension and guidance in relation to the establishment and operation of volunteer programs. Phase three directly interrelated, and even overlapped, with the second phase since it involved measuring the capacity of the handbooks to influence or produce change in the status or development of selected volunteer programs. A series of training seminars constituted the Project's fourth phase.

All four phases have been completed. The extent to which the objectives were successfully fulfilled can be determined on the basis of the products and results achieved. More specific information about the products and other Project results is presented in other sections of this report.

REVIEW OF LITERATURE

While the Project's second phase necessitated substantial review of published and unpublished materials, relevant literature was scanned and read in connection with all phases. Many materials were studied in the process of designing the questionnaires used in the first phase, including books on rehabilitation and reports on active volunteer programs in rehabilitation facilities. Literature on evaluative research was reviewed for assistance with the experiment that constituted the Project's third phase.

Most of the publications, materials, and other literature reviewed for help with the writing of the handbooks and the organizing of the seminars are listed in Handbook No. 12, Catalog of Resources. Particularly important information and assistance were obtained from the publications specifically identified in the Bibliography section of this report.

DESCRIPTION OF PROJECT SETTING

Goodwill Industries of America was the corporate institution awarded the funds and legal responsibility for administration of the Volunteers in Rehabilitation Project. Project staff, records, and related materials were housed within the attractive national office complex of Goodwill Industries of America located at 9200 Wisconsin Avenue in Bethesda, Maryland. In addition to comfortable office space, Project staff were provided with telephones, file cabinets, shelving, necessary supplies, and storage facilities.

V. PERSONNEL

PROJECT STAFF

Three staff members employed with Project funds included:

-- Project Director: Stanley Levin

-- Principal Investigator: Robert J. Griggs

-- Project Secretary: Mrs. Helen Lever

Job Descriptions for each of these staff members are on file at Goodwill Industries of America.

SUPPORTIVE STAFF

Several members of the national staff of Goodwill Industries of America provided professional and technical assistance to the Volunteers in Rehabilitation Project. In particular, the participation and help of the following staff members is specifically noted:

National Executive Director
Director of Finance and Management Information
General Counsel
Director of Public Relations
Director of Local Services
Supervisor of Print Shop
GIA Regional Representatives

COMMITTEES

Valuable assistance and guidance were provided the Project by two committees:

Project Committee
Advisory Committee

Participation by members of both committees was strictly voluntary. They received no monetary compensation, only reimbursement of transportation costs and other expenses directly related to Project activities.

Members of the Project Committee included:

Mrs. Diane Roupe, Chairman of the NAGI Volunteers in Rehabilitation Project

Mrs. Claude F. Bridges, President of NAGI (1972-1974)

Mrs. George T. Dinsdale, President of NAGI (1967-1969)

Mrs. James R. Hetherington, President of NAGI (1969-1972)

Francis W. Mulcahy, President of Davis Memorial Goodwill Industries

Dean Phillips, National Executive Director of Goodwill Industries of America

Robert E. Watkins, Executive Vice President, Development, of Goodwill Industries of America.

The Project Committee served as a policy-making group, and supervised the formulation of budgets and the general implementation of Project activities.

Leaders of the nation's key rehabilitation and volunteer organizations served on the Advisory Committee. In addition, some individual members of the Advisory Committee were selected for their specialized expertise. Project Committee members also served on the Advisory Committee. Important information and guidance were provided by Advisory Committee members who also facilitated several major Project activities. (Presented as Exhibit B is a complete listing of Advisory Committee members.)

OTHER SOURCES OF ASSISTANCE

Not to be overlooked or minimized are the efforts and assistance of numerous volunteers and paid staff persons throughout the country. In lieu of individually recognizing each person, the following list identifies groupings to which most of the Project's participants belong.

-- Officials and leaders of NAGI and local Goodwill Auxiliaries.

-- Executive Directors and paid staff of local Goodwill Industries and other rehabilitation facilities.

-- Officials and staff members of the Rehabilitation Services Administration and the Social and Rehabilitation Service.

-- Leaders of local Volunteer Bureaus and Voluntary Action Centers.

-- Officials of Regional offices of the Department of Health, Education, and Welfare.

-- Officials and staff within state rehabilitation agencies.

-- Officials and leaders of the President's Committee on Employment of the Handicapped.

VI. METHODOLOGY AND RESULTS

NATIONAL STUDY

What is known about volunteer participation in rehabilitation facilities? How many volunteers serve in facilities? What do they do? Do they receive special training?

These and other questions emphasized the realization that little factual information about rehabilitation volunteering was available in 1969. Therefore, it was recognized that the compilation of data about volunteers in rehabilitation would be very valuable.

Proceeding on the above recognition, the Project's leadership launched a nationwide study as the Project's first phase. Outlined briefly in the following paragraphs are major activities of the study.

Sampling Procedures

In order to obtain an adequate and representative sample of rehabilitation facilities in the United States, it was necessary to define the "universe" from which a statistically valid sample could be compiled. It was determined the universe should include all identifiable facilities which offer rehabilitation services and/or sheltered employment to handicapped or disadvantaged persons. This included sheltered workshops, rehabilitation centers which may or may not have incorporated sheltered workshops, and hospitals with bona fide rehabilitation departments or programs.

Approximately 2,800 facilities were identified from existing lists supplied by nine key voluntary organizations and governmental agencies. From this universe a random stratified probability sample was drawn, using the Table of Random Numbers. Many rehabilitation facilities are affiliated with national voluntary organizations (American Hospital Association, Goodwill Industries of America, National Association for Retarded Citizens, National Easter Seal Society for Crippled Children and Adults, National Industries for the Blind, and United Cerebral Palsy Association). The sample was stratified to include the percentage of facilities affiliated with each organization according to the proportion each national organization constituted of the universe.

Twenty-five percent (25%) of the total universe of rehabilitation facilities was selected to make up the sample of facilities to which the Executive Director/Administrator questionnaires were mailed. This sample was considered to be an adequate and representative sample of rehabilitation facilities in the United States.

Two categories of facilities were included in the sample. The first category, termed "hospital facilities," included institutions having service programs traditional to hospitals and in which a bona fide rehabilitation department or program operated. The second category, termed

"non-hospital facilities," included sheltered workshops and/or rehabilitation centers exclusive of hospital settings.

Of the 695 sample facilities, 295 (42.4%) were hospital facilities and 400 (57.6%) were non-hospital facilities. These percentages reflect the proportion of each category of facilities within the total universe of rehabilitation facilities.

695 questionnaires were mailed to sample facilities for completion by the respective Executive Directors or Administrators. One hundred seventy-two (172), or 58.3%, of the 295 questionnaires sent to hospital facilities were completed and returned. Two hundred and ninety (290), or 72.5%, of the 400 questionnaires mailed to non-hospital facilities were completed and returned.

Questionnaires

The Executive Director/Administrator questionnaire was limited to volunteer programs which existed and operated during the year 1969. This was done to insure uniform and complete reporting of data. Since the questionnaires were mailed in the fall of 1970, many facilities would not have compiled information about their volunteer programs for the full year of 1970. Some of the data requested would reflect the most current information available at the time questionnaires were received and completed.

Three specifically different questionnaires were sent to different groups of respondents in addition to Executive Directors/Administrators. In those instances in which an Executive Director/Administrator provided the necessary information, one special questionnaire was mailed to the president of an auxiliary organization affiliated with a particular facility, and another special questionnaire was mailed to the person identified as being responsible for directing or coordinating the particular facility's volunteer program. A fourth questionnaire was sent to individuals who were believed to have been currently or recently active volunteers within rehabilitation facilities.

Because the auxiliary presidents, volunteer coordinators, and individual volunteers were not selected through procedures of probability and random sampling, the representativeness of the information they supplied is limited to the specific respondents who completed and returned questionnaires. Unlike the Executive Director/Administrator population, the responses from these three other groupings cannot be considered to be representative of their respective populations.

Information concerning numbers of questionnaires mailed and returned is presented in the following table.

Questionnaires Mailed To:	Number of Questionnaires		
	Mailed	Returned	%
Executive Directors or Administrators	695	462	66.5
Auxiliary Presidents	435	188	43.2
Volunteer Coordinators	552	278	50.4
Individual Volunteers	388	207	53.4

Results

Data from more than 2,000 returned questionnaires were tabulated and analyzed by Project staff. Certain findings were selected for inclusion in a published document entitled The State of the Art of Volunteering in Rehabilitation Facilities. More than 4,000 copies of this report have been distributed to rehabilitation facilities, governmental agencies, and voluntary organizations throughout the world.

A few of the findings of the national study are presented in the first section of this Final Report. Due to space and other practical limitations, The State of the Art Report does not include all the data and information contained in the returned questionnaires. Goodwill Industries of America has offered to make the returned questionnaires available to responsible institutions and agencies for additional tabulations and analysis.

HANDBOOKS

Prior to submitting the grant application for Federal funding, leaders of NAGI interviewed a number of nationally recognized authorities in the fields of volunteering and rehabilitation. Suggested and supported by many of the persons interviewed was the preparation of written materials and tools to guide the development of rehabilitation volunteering.

Alternative formats for printed materials were outlined and deliberated by Project staff, the Project Committee, the Advisory Committee, Federal and state officials, and many other knowledgeable persons--particularly leaders of local rehabilitation facilities. After considerable examination of cost factors, advantages, disadvantages, and the experience of previous similar efforts, it was decided to prepare a series of twelve separate, but interrelated, handbooks. Read as a unit, the twelve handbooks would constitute comprehensive guidance to the organization, administration, and improvement of both new and existing volunteer programs within rehabilitation facilities. At the same time, each handbook would have particular, and independent, value for specific readers.

Titles

A complete set of the handbooks may be obtained from Goodwill Industries of America, Inc. For immediate reference purposes, the handbook titles are presented below:

1. WHY INVOLVE VOLUNTEERS
2. HOW VOLUNTEERS CAN HELP
3. HOW TO ORGANIZE A VOLUNTEER PROGRAM
4. HOW TO ADMINISTER A VOLUNTEER PROGRAM
5. HOW TO RECRUIT VOLUNTEERS
6. HOW TO INTERVIEW AND PLACE VOLUNTEERS
7. HOW TO PREPARE VOLUNTEERS TO HELP
8. HOW TO SUPERVISE AND EVALUATE VOLUNTEERS
9. HOW TO MOTIVATE VOLUNTEERS
10. HOW TO INCORPORATE GROUP VOLUNTEERING
11. HOW TO ASSURE RESPONSIBLE VOLUNTEERING
12. CATALOG OF RESOURCES

Preparation of the twelve handbooks involved many activities conducted over a long span of time that began prior to the actual writing process.

On-Site Studies

Three (3) on-site studies of volunteer programs in rehabilitation facilities were proposed in the original grant application. It was feasible and advantageous to conduct eight (8) on-site studies by arranging to sequentially visit several facilities in the same geographical area during the course of several trips to different sections of the country.

Each of the facilities studied was selected on the basis of particular features of rehabilitation programming or volunteer participation. In addition, the eight facilities included large and small operations, independent facilities and those affiliated with national organizations, and facilities which serve a wide range of physically and mentally disabling conditions.

Following is the listing of facilities visited and studied between September 1970 and September 1971:

Braille Institute of America, Inc. - Los Angeles, California

Goodwill Industries of Southern California - Los Angeles, Calif.

San Gabriel Valley Training Center and Workshop for the Handicapped - Bassett, California

Goodwill Industries of Orange County - Santa Ana, California

Wightman Memorial Goodwill Industries - Long Beach, California

Goodwill Industries of Northeast Iowa - Waterloo, Iowa

Bethesda Lutheran Home - Watertown, Wisconsin

Portland Children's Center - Portland, Oregon

Special Meetings

Two special meetings were proposed in the orginal grant application. By careful planning and combining Project activities and travel funds, it became possible to conduct eight (8) special meetings. Each special meeting had the purpose of increasing the knowledge and awareness of Project leadership in terms of reality factors that affect volunteer participation. "Brainstorming" and other techniques were used to stimulate creativity and facilitate problem-solving.

Each special meeting focused on a particular grouping of people important to the expansion of volunteering in rehabilitation facilities. Following is a listing of special meetings by date, location, and topic:

March 25-26, 1971
Bethesda, Maryland
"Volunteer Participation in Rehabilitation Facilities from the Perspective of the Facilities' Administrative Personnel."

April 13, 1971
Washington, D.C.
"Involving More Handicapped People in Volunteerism"
(A specific session with the Handicapped Subcommittee of the President's Committee on Employment of the Handicapped)

April 18-20, 1971
Chicago, Illinois
"Low Income, Minority, and Ethnic Groups as Volunteers"

May 13-14, 1971
San Antonio, Texas
"Expansion of the Role of the Traditional Volunteer in Rehabilitation Facilities"

September 8, 1971
Portland, Oregon
"Senior Citizens as Volunteers in Rehabilitation Facilities"

September 10, 1971
Tacoma, Washington
"Supervisory Personnel and Volunteers"

September 15, 1971
Kansas City, Missouri
"Youth as Volunteers in Rehabilitation Facilities"

September 17, 1971
Des Moines, Iowa
"The Handicapped as Volunteers in Rehabilitation Facilities"

These special meetings proved to be extraordinarily valuable in terms of identifying ways to increase and expand volunteer involvement in rehabilitation facilities. At the same time, the meetings revealed harsh realities in terms of negative attitudes, considerable lack of "how-to" administer volunteer programs, and the lack of resources to adequately staff volunteer programs.

Compiling and Reviewing Materials

This undertaking was one of the most pervasive and complicated Project activities because it involved many people and a building-block approach requiring difficult coordination and timing.

Topical Index

As early as August of 1970, a listing of headings was compiled in order to identify the topics on which information would be collected. In October of 1970, this preliminary listing was revised into an organized Topical Index that served as the basis for categorizing information and data about volunteer activity. 209 headings were listed and a file folder was set up for each separate topic. Each heading was given its own reference number, and this number was typed on the corresponding file folder label.

Bibliography

Prior to January of 1971, an extensive 16-page bibliography of literature on volunteering was compiled by Project staff. Additions to this bibliography were made during the next year as materials were discovered by Project leadership or as new publications became available. Vigorous efforts were made to obtain as much information and material as possible in relation to the 209 headings of the Topical Index.

Obtaining Literature and Materials

The formidable task of obtaining copies of books, articles, and other materials substantially benefitted from the capable and efficient efforts of a volunteer in Omaha, Nebraska (Mildred Braden). Along with Project staff, Miss Braden ordered published and unpublished materials which she arranged to be delivered to the Project office. Much time, patience, and persistent effort was required to locate and eventually receive the many desired materials. In addition to the procedures noted above, valuable materials were contributed by facility personnel who enclosed forms, booklets, and other practical items along with the survey questionnaires they returned.

Reading, Extracting, and Organizing Materials

A corps of volunteers read many of the books, articles, and other materials. They selected particular paragraphs or passages as being valuable to the Project. Other volunteers typed the selected material on special forms which were identified with numbers corresponding to the reference numbers developed from the Topical Index. Each piece of material received at the Project office was placed in the appropriate file folder. This process operated over a two-year period. The typed material in the file folders (much of which was compiled by Project staff), and in other forms, became the basic "knowledge pool" for the preparation of the handbooks.

EXPERIMENT

One of the chief factors supporting the preparation of handbooks was the assumption that leaders of rehabilitation facilities lacked specific information and the "how to" tools necessary to the administration of effective volunteer programs. Transforming this assumption into a hypothesis produced the proposition that volunteering in rehabilitation facilities will improve if facility leaders are provided written materials outlining the organization and administration of volunteer programs.

Within the grant application it was proposed to determine the effectiveness of handbooks prepared by Project staff. To fulfill this proposal, an experiment was designed to provide data about changes that occurred in volunteer programs within rehabilitation facilities whose leaders received copies of the Project-produced handbooks.

An experiment involving thirty-two rehabilitation facilities replaced the originally proposed demonstration that would have involved four facilities. In many respects, but especially in terms of obtaining valid and helpful data, the greatly expanded experiment actually conducted by Project staff provided guidance substantially exceeding the less scientific products that would have resulted from a smaller-in-size, but more difficult to administer, demonstration.

The experiment was classical in design, including experimental and control groups. Changes in selected variables were measured through the use of pre-test and post-test instruments. The experiment began on July 5, 1972 and terminated on April 5, 1973. Thirty-eight (38) non-hospital rehabilitation facilities were selected to participate, nineteen in the experimental group and nineteen in the control group. Only the facilities in the experimental group received copies of the Project-produced handbooks.

A pre-test questionnaire was developed and sent to each of the 38 facility directors, requesting information about various aspects of their volunteer programs and about their attitudes concerning volunteer participation. From the returned questionnaires it became possible to formulate a base line measure against which change could be determined and quantified. At the termination of the experiment an identical questionnaire was mailed to the participating facility directors. Data from these post-test instruments were analyzed to determine the extent to which the handbooks might have contributed to changes in specifically identified components of volunteer programs within the experimental group of facilities and to changes in

attitudes of the directors of this group of facilities. Data from the control facilities were used to determine "normal" growth or change that might occur in volunteer program components or facility directors' attitudes without the external stimuli of handbooks.

In particular, four areas important to the development and management of volunteer programs in rehabilitation facilities received major attention through the experiment:

1. Activities of volunteers.

2. Attitudes and opinions of facility directors concerning volunteer participation.

3. Internal management of volunteer programs, especially organizational procedures, recruitment, training, and administration.

4. Characteristics of volunteers.

Results

Attached to this report as Exhibit A is an extensive report on the Project's experimental phase. Therefore, only a few results will be presented in the following paragraphs.

Thirty-two (32) facilities were completely involved in the total experimental phase of the Project. (Six facilities discontinued participation during the experiment for a variety of reasons.) Among the sixteen control facilities, fourteen had volunteer participation prior to receiving the pre-test questionnaire. Eleven of the sixteen experimental facilities had volunteer programs prior to receiving the pre-test instrument. While no change occurred within the control facilities, one experimental facility did begin volunteer participation during the experiment.

Fifteen quantitative characteristics of the studied volunteer programs and facility director attitudes were statistically analyzed. In relation to four of these characteristics, the changes that occurred during the experiment were considered to be statistically significant. In particular, directors of experimental facilities reported increased numbers of Direct Service man-hours contributed by volunteers, and they also reported increased volunteer participation by physically handicapped persons and by professional and business persons.

Twenty-two qualitative characteristics of the studied volunteer programs and facility director opinions were statistically analyzed. Only one change occurring during the experiment was considered to be statistically significant. There was a significant increase in the number of volunteers receiving Pre-Job Training with this increase occurring within experimental facilities.

TRAINING SEMINARS

Originally, a research utilization component was included in the application for a federal grant to fund the Volunteers in Rehabilitation Project.

HEW officials removed this component from the R&D grant, reasoning that educational seminars were more appropriately within the scope of training activities. Thus, a supplementary application for a training grant was submitted and funded before May of 1972.

Three objectives were outlined for the series of seminars proposed in the training grant application:

1. Utilization of handbook material developed, and knowledge gained, (through the R&D grant) to increase positive attitudes toward expanded volunteer participation.

2. Utilization of handbook material developed, and knowledge gained, (through the R&D grant) to train seminar participants in the application of handbook content within their own rehabilitation facilities.

3. Motivation of seminar participants to promptly implement handbook content and training tools that applied to their local situations.

In all, eight seminars were conducted between June 1, 1972 and May 31, 1973. Following is the date and location of each seminar.

June 23 & 24, 1972	Los Angeles, California
April 11 & 12, 1973	Atlanta, Georgia
April 18 & 19, 1973	Chicago, Illinois
April 24 & 25, 1973	Kansas City, Missouri
May 2 & 3, 1973	Seattle, Washington
May 8 & 9, 1973	San Francisco, California
May 15 & 16, 1973	Philadelphia, Pennsylvania
May 22 & 23, 1973	Boston, Massachusetts

Forty leaders of the National Auxiliary to Goodwill Industries and local auxiliaries participated in the Los Angeles seminar. Specially designed to help experienced volunteers, this seminar had objectives of broadening acceptance of different forms of volunteering, providing new knowledge, and developing important skills. Attention was focused on relating volunteering to needs of handicapped and disadvantaged persons. Consideration was given to specific techniques and approaches regarding activities of volunteers, motivation, orientation and training, and recruitment.

Though the seven other seminars followed a uniform pattern, each seminar was distinctive due to diversity of participants and the specially introduced features. Active participation of those attending was encouraged and implemented through group discussions and special exercises. Emphasis was given to strengthening positive attitudes about volunteer participation. Information was presented and experiences were exchanged in relation to the administration of volunteer programs in rehabilitation facilities.

Associate Regional Commissioners of SRS spoke at several of the seminars. Members of the Project Advisory Committee presented papers at each seminar. Most of the more than 350 seminar participants were Executive Directors of local rehabilitation facilities representative of the spectrum of facilities

and volunteer participation. In addition, present at each seminar were Directors of Volunteer Services and other key facility personnel.

Results

From a pragmatic perspective, the results of the seminars will be observable in terms of the future development of volunteer programs in rehabilitation facilities. From a less empirical point-of-view, the enthusiastic participation of, and numerous expressions of increased interest by, seminar participants can be interpreted as signs of positive results. For whatever it may be worth, the Evaluation Forms completed anonymously at the conclusion of all eight seminars indicated that more than 75% of the participants thought the seminars were either "Excellent" or "Good".

COMMITTEE MEETINGS

As proposed in the grant application, the Advisory Committee met six times. All the meetings were held in Washington, D.C., and each was scheduled to coincide with major phases of the Project. Material was often mailed to Advisory Committee members in advance of a particular meeting at which the members would consider specific issues and provide knowledge, direction, and guidance. In between the six Advisory Committee meetings there was considerable communication between individual members and Project staff for the purpose of obtaining specific information or special help, and to exchange experiences and opinions. Active participation by Advisory Committee members was substantially helpful to the successful completion of Project activities.

The Project Committee met formally more than a dozen times during the Project's three-year span. Meetings were held in many different geographical locations; often these meetings were held in conjunction with other Project activities. Business conducted at these meetings usually included both reviewing previous Project efforts and making decisions concerning future Project activities. In addition to the formal meetings, there were innumerable informal discussions and exchanges via telephone conversations, letters, or during meetings of other-than-Project nature. Time demands on members of the Project Committee were extensive, and their responsibilities required considerable travel and various types of assistance.

Bibliography

Arthur, Julietta K. Employment for the Handicapped: A Guide for the Disabled, Their Families, and Their Counselors. Nashville: Abingdon Press, 1967.

Church, David M. How to Succeed with Volunteers. New York: National Public Relations Council of Health and Welfare Services, 1962.

Cohen, Nathan E., Editor. The Citizen Volunteer: His Responsibility, Role and Opportunity in Modern Society. New York: Harper and Bros., 1960.

Dean, Russell J. N. New Life for Millions. New York: Hastings House, 1972.

Griggs, Robert J.; Levin, Stanley; and Obermann, C. Esco. The State of the Art of Volunteering in Rehabilitation Facilities. Washington, D.C.: Goodwill Industries of America and National Auxiliary to Goodwill Industries, 1971.

Hansen, D.A. "Functions and Effects of 'Subprofessional' Personnel in Counseling." Counselor Development in American Society. Edited by J. R. McGowan. Columbia, Missouri: University of Missouri, 1965.

_____. Increasing the Supply of Qualified Rehabilitation Counseling Personnel in State Vocational Rehabilitation Agencies. Guideline for Action. Washington, D.C. Department of Health, Education, and Welfare, Vocational Rehabilitation Administration, 1966.

Health and Welfare Council of the National Capital Area. How to Work with Volunteers. Washington, D.C.: (Volunteer Services), the Council, 1962.

Johnson, Guion Griffis. Volunteers in Community Service. Durham, North Carolina: Seeman Printery, 1967.

Kessler, Henry H. The Knife is Not Enough. New York: W. W. Norton & Co., 1968.

_____. Disability -- Determination and Evaluation. Philadelphia: Lea & Febiger, 1970.

Levin, Stanley; Parisien, Noel; and Thursz, Daniel. Handbook on Volunteers in Army Community Service. Alexandria, Virginia: Human Resources Research Organization, 1969.

Lippitt, Ronald and Schindler - Rainman, Eva. The Volunteer Community: Creative Use of Human Resources. Washington, D.C.: NTL Learning Resources Corporation, 1971.

Mase, Darrel J. "Manpower Utilization for the Future." Journal of Rehabilitation, 30, (1964), 37-39.

National Association for Mental Health. Volunteer Services in Mental Hospitals. New York: the Association, 1960.

National Citizens Advisory Committee on Vocational Rehabilitation. Report of the National Citizens Advisory Committee on Vocational Rehabilitation. Washington, D.C.: U. S. Government Printing Office, 1968.

Naylor, Harriet H. Volunteers Today: Finding, Training and Working with Them. New York: Association Press, 1967.

Obermann, C. Esco. A History of Vocational Rehabilitation in America. Minneapolis: T. S. Denison & Co., 1965.

Reinherz, Helen. "The Therapeutic Use of Student Volunteers." Children, Volume II, (July-August, 1964), 13-19.

Rich, Thomas A.; Gilmore, Alden S.; and Williams, Charles F. "Volunteer Work with the Mentally Retarded." Rehabilitation Record. (September-October, 1964), 4-6.

Riessman, Frank. "The New Community-Based Non-Professional Mental Health Aide." Journal of Fort Logan Mental Health Center, Volume 3, (Winter, 1965), 87-100.

_____. "The Revolution in Social Work: The New Nonprofessional." Trans-Action, Volume 2, (November-December, 1964), 58-76.

Rusk, Howard A. and Taylor, Eugene J. New Hope for the Handicapped: The Rehabilitation of the Disabled from Bed to Job. New York: Harper and Bros., 1949.

Scheier, Ivan H. Using Volunteers in Court Settings: A Manual for Volunteer Probation Programs. Office of Juvenile Delinquency and Youth Development. Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1969.

Suchman, Edward A. Evaluative Research. New York: Russell Sage Foundation, 1967.

Whitehorn, J. C., and Betz, B. J. "A Comparison of Psychotherapeutic Relationship between Physicians and Schizophrenic Patients when Insulin is Combined with Psychotherapy and when Psychotherapy is Used Alone." American Journal of Psychiatry, Volume 113, (1957), 901-910.

REPORT OF AN EXPERIMENT TO EVALUATE THE EFFECTIVENESS OF HANDBOOKS ON VOLUNTEERS IN REHABILITATION FACILITIES

I. Introduction

The Volunteers in Rehabilitation project has as one of its major goals the development and dissemination of handbooks dealing with the many aspects of volunteer participation in rehabilitation facilities. The basic objectives of the handbooks are to present educational material and information on how to organize and administer effective volunteer programs in rehabilitation facilities; to help develop and strengthen positive attitudes about volunteer participation within programs serving handicapped and disadvantaged persons; and to help volunteers and paid staff understand the values and responsibilities inherent in the participation of volunteers in rehabilitation facilities. In order to meet these objectives the handbooks deal with eleven specific areas of volunteer participation in rehabilitation facilities, each handbook focusing on a topic of concern for volunteer program management. A list of the twelve handbook titles can be found in Appendix B.

Information about the level of volunteer program management in rehabilitation facilities was obtained from a survey of 462 rehabilitation facilities. This information was described in The State of the Art of Volunteering in Rehabilitation Facilities, published by Goodwill Industries of America, Inc., in 1971. This report revealed that the majority of the volunteer programs in non-hospital rehabilitation facilities throughout the United States were categorized as average or below average when measured in terms of their organizational development. (See Appendix A.) This fact suggested that written materials might be beneficial in strengthening and improving volunteer program administration and organization.

The fact that so few of the volunteer programs were categorized as above average in level of organizational development suggested that executive directors and administrators of rehabilitation facilities lacked the knowledge about how to organize and administer effective volunteer programs. Another possible explanation of this finding related to the generally negative attitudes reported by executives and staff toward volunteers who participate in their facilities. These two barriers might be overcome by providing staff and volunteers with specific materials dealing with volunteer program development and management and volunteer activities. Apparently there is a lack of information at the present time with respect to volunteer program development and management in rehabilitation facility settings.

The basic notion of providing administrators and volunteers with "how-to-do-it" materials is valid if the materials are read and put into practice. The materials must deal with the individual situations found in most facilities while retaining a broad approach to volunteer programs and their management. The handbooks must also be applicable to the concerns and needs of those responsible for volunteer participation in rehabilitation facilities. In a word, the handbooks must be effective in producing positive change.

The problem becomes one of evaluating the effectiveness of the handbook materials in a manner that will lead to expanding their applicability and utilization in rehabilitation facilities. To accomplish this, an experiment was designed to provide data about the changes occurring in volunteer programs of

facilities which make use of the handbooks. The experiment was designed according to the classical model, using experimental and control groups with pre-test and post-test measurement to determine changes in selected variables. Time and resources limitations prevented the experiment from covering more than a nine month period. However, it was felt that nine months was sufficient time to reveal the direction of the effects that the handbooks would have on the volunteer programs and on the attitudes of executive directors in the experimental facilities.

The experiment began on July 5, 1972 and terminated on April 5, 1973. A total of thirty-eight rehabilitation facilities were selected to participate, nineteen in the experimental group and nineteen in the control group. Only those facilities in the experimental group received the handbooks to use during the nine month period.

A pre-test questionnaire was developed and sent to each of the thirty-eight facility directors requesting information about various aspects of their volunteer programs and about their attitudes concerning volunteer participation. These data formed the base line measure against which change could be determined and quantified. At the conclusion of the experiment an identical questionnaire was mailed to the thirty-eight participants. From these data an analysis was made to determine if the handbooks contributed to changes in the various components of the experimental facility volunteer programs and on the attitudes of these executive directors. Data from the control facilities were used to determine "normal" growth or change within volunteer programs and attitudes in facilities which did not have the external stimulation of the handbooks.

Limitations of time and resources made it possible to test only the four handbooks that were ready for use at the beginning of the experiment and to measure their effects on the variables under consideration. A description of each of the four handbooks can be found in Appendix B. In brief, they deal with the following subjects: activities of volunteers; how to organize a volunteer program; how to recruit volunteers; and how to train and prepare volunteers. These four subjects include the basic components of volunteer program development and management and for that reason they were selected for testing.

II. Design of the Study

Analysis of the material contained in the four handbooks revealed four major areas of emphasis in the development and management of volunteer programs in rehabilitation facilities. One of the areas receiving considerable emphasis was the activities of volunteers. The handbook dealing with this subject detailed 101 job descriptions for volunteers in rehabilitation facilities with the majority involving direct service to clients. Increasing the range of volunteer activities which directly assist paid staff with the provision of services that facilitate client rehabilitation and which directly relate to clients of the facility is considered to be desirable. These activities are collectively termed "Direct Service" activities. Other areas of volunteer activity are described in the 101 job descriptions but were not considered to be as important to the efforts of the rehabilitation facility as direct service.

The second area discussed in the handbooks relates to the internal management of volunteer programs. The handbooks dealing with the organization, recruitment and training of volunteers emphasize the need for various management

procedures which support the activities of volunteers. These procedures include developing organized recruitment efforts directed at various target groups, conducting entrance and exit interviews, providing orientation and training to volunteers, establishing written job descriptions for each volunteers position; maintaining current records of volunteer activities; and fixing responsibility for the direction of the volunteer program on an identifiable person on the facility staff. These management procedures are thoroughly discussed in the handbooks. Positive changes in these components would be the establishment of the procedures if they don't already exist or increasing the frequency, duration, and refinement of the procedures if they are already established.

The third area covered in the handbooks relates directly to the characteristics of volunteers. Recruiting volunteers with different social-economic backgrounds and demographic characteristics is presented as a desirable element of a volunteer program. Diversifying the composition of the corps of volunteers results in many advantages to the clients, to the staff and to the volunteers themselves. The handbooks encourage the facility staff to recruit volunteers who differ with respect to age, education, sex, occupation, race and social-economic status. In addition, facilities are advised to recruit volunteers who have disabilities and persons who are active or retired professional with rehabilitating skills such as physical therapy, counseling, etc. Positive change in this area includes increasing the number of volunteers with these characteristics and training in order to achieve a diversity of background and experiences.

The fourth area where positive change is desired concerns the attitudes and opinions of executive directors of rehabilitation facilities. It is believed that their personal views concerning volunteer participation greatly influence all areas of volunteer participation and program management. Although no one handbook directly deals with changing attitudes, all four of the handbooks used in this experiment present material which is supportive of volunteering in a rehabilitation setting. For example, direct service activities receive considerable support in the handbooks and positive change in executive attitudes would be evident if direct service activities were considered as a highly beneficial activity performed by volunteers. Through the use of an attitudinal scale, it is possible to measure the degree of positiveness of executive directors toward volunteer participation. Desired change would be an increase in the attitudinal scale score, thereby suggesting a more positive view of volunteer participation on the part of the executive director.

B. Selection of the Control and Experimental Facilities

The design of the experiment required a relatively small number of facilities (38) in which to test the four handbooks. Obtaining the sample of thirty-eight facilities began by selecting a random sample of approximately 250 non-hospital facilities. From the original sample of 250, approximately 100 facilities had indicated an interest in participating in the experiment to test the effectiveness of the handbooks. These 100 facilities were sent additional information concerning the experiment and what would be required of participating facilities. Forty-five facilities indicated a continued interest in participation under the stated conditions. These 45 were requested to supply supplemental data about various aspects of their facilities and of their programs. Facility information included

items such as budget size, number of staff, services offered, etc. A review of these data further reduced the number of potential participants to the final thirty-eight on which the experimental results are based. (See Appendix C for an example of the pre-test and post-test questionnaire)

The thirty-eight remaining facilities were then grouped in pairs according to criteria used to evaluate the handbooks. The grouping of facilities into pairs was done to avoid the possibility of having greatly dissimilar control and experimental groups. The final result of this grouping process resulted in nineteen pairs of facilities which had relatively similar characteristics with respect to activities of volunteers, internal program management, characteristics of volunteers, and attitudes of executives toward volunteer participation. Because of the large number of characteristics, the pairing of facilities was not as exact as it might have been with only a limited number of variables. However, some bias was eliminated by this pairing procedure.

The determination of which should be control or experimental facilities was done through a random process. Each of the nineteen paired facilities had a known non-zero probability of being selected as an experimental facility and because of this process, certain rules of statistical probability can be applied to the data. However, it is acknowledged that the thirty-eight participating facilities cannot be presented as representative of the universe of facilities.

C. Development of Pre-Test and Post-Test Instruments

The data collecting instruments were designed according to the four areas of change that it was assumed the handbooks might influence. Each of the questionnaire items, except those which requested data about the facility (budget, types of services offered, etc.), attempted to measure one characteristic or attribute of volunteer activities and program management. This approach permitted maximum coverage of the four change areas without burdening the respondents with detailed or narrative responses. The majority of questions required the respondent to mark or checkoff listed responses. Some questions dealing with activities of volunteers and volunteer characteristics involved numerical answers which had to be computed by the respondents.

The pre-test and post-test instruments were identical with respect to items covering areas of desired change. The pre-test questionnaire was mailed to the thirty-eight participants on July 5, 1972. The post-test instrument was sent out exactly nine months later on April 5, 1973. Each experimental facility was sent a set of the four handbooks only after a pre-test questionnaire was completed and returned. In this manner there was no contamination of the pre-test data from the handbooks. Control facilities were instructed to continue their normal activities with respect to volunteer program management and volunteer activities. They did not receive any materials during the course of the experiment and their only contact with the research staff was through the submission of the pre-test and post-test instruments.

The experimental facilities were instructed to read and use the four handbooks in a manner most suitable to their individual volunteer programs. It was made clear before the handbooks were mailed to experimental facilities that the project staff would, in no way, assist them in using these materials. This was done in order to create, as nearly as possible, the conditions under which the

handbooks were designed to be used. All decisions concerning the handbook were to be made by the executive director, his staff, his governing board and the volunteers participating in the program. By eliminating project staff involvement, it was felt that this potential source of bias would not be a factor in invalidating the results of the experiment.

D. Statistical Techniques

Two statistical techniques were used to analyze the data from the control and experimental facilities. The first involved the simple t-test for differences between sample means calculated from the data from the experimental and that from the control group. The null hypothesis (H_o: $U_1 = U_2$) stated that there were no differences between the group means for either the control and the experimental facilities for the pre-test -- post test data. The one-sided alternative was that the post-test group mean (U_2) was greater than the pre-test group mean (U_1). The level of significance (α) was set at .05.

The second statistical technique employed to analyze the data was the chi-square distribution. The null hypothesis stated that the proportion of positive changes among the control group was equal to the proportion of positive changes in the experimental group (H_o: $p = p_o$). This hypothesis stated, in short, that the proportion of successes and failures are independent of the population, and if H_o: $p = p_o$ is true, there is no reason to reject the hypothesis of independence. The presence or absence of the various qualitative variables at Time II was used to place facility volunteer programs into two general categories: A- "with the characteristic" and B- "without the characteristic". Volunteer programs which had the desired characteristic at pre-test and at post-test were included in the "with the characteristic" category. In this manner, neither control nor experimental groups were penalized for having well-developed volunteer programs at Time I. The level of significance (α) for the chi-square distribution was set at .05.

III. Presentation of the Data

The original sample of thirty-eight facilities included nineteen control and nineteen experimental facilities. During the course of the experiment, a total of six facilities, three from the control group and three from the experimental group, discontinued participation for various reasons (change in executive director, closing of the facility, failure to return the post-test questionnaire, etc.). The remaining thirty-two facilities providing usable data were evenly distributed, 16 control and 16 experimental.

Among the sixteeen control facilities in the sample, fourteen had volunteer participation at Time I (pre-test) and also at Time II (post-test). The remaining two control facilities did not have volunteers at either Time I or Time II. Eleven of the sixteen experimental facilities had volunteer participation at Time I. At Time II, twelve of the sixteen had volunteer participation for a gain of one facility which began volunteer activities during the experiment. The remaining four facilities did not have volunteer participation at Time I or at Time II.

The only information collected from facilities without volunteers relates to attitudinal items completed by the executive director such as the ranking of volunteer activities and the attitudinal scale score. These results are presented separately so as not to distort the findings from facilities with volunteer participation.

A. Description and Presentation of Quantitative Variables

A total of fifteen variables that present quantitative characteristics are presented below. Table I indicates the mean values at Time I and at Time II, the mean difference between Time I and Time II and the t-value of the differences for six of the fifteen variables related to activities of volunteers. They are: (1) the total number of volunteers who have participated in facility-directed or facility-sponsored activities during the six months previous to Time I and previous to Time II, (2) the total number of active volunteers among those participating, (3) the total number of man-hours contributed by all volunteers during those periods, (4) the number of hours contributed per volunteer, (5) the number of volunteers who participated in direct service activities, (6) and the number of man-hours of direct service activities contributed by volunteers.

TABLE I - ACTIVITIES OF VOLUNTEERS - DIFFERENCES BETWEEN TIME I AND TIME II WITH t-VALUES FOR THE DIFFERENCES

	CONTROL (n=14)				EXPERIMENTAL (n=12)			
AVERAGE NUMBER OF:	TIME I	TIME II	DIFFERENCE	t-VALUE	TIME I	TIME II	DIFFERENCE	t-VALUE
VOLUNTEERS	59.57	70.93	11.36	1.47	192.58	286.25	93.67	1.74
ACTIVE VOLUNTEERS	31.21	45.86	14.65	1.54	56.17	109.33	53.16	1.73
MAN-HOURS	1866.29	2134.93	268.64	0.76	3561.08	4270.83	709.75	2.25*
HOURS/VOLUNTEER	45.43	54.32	8.89	0.75	26.05	26.87	0.82	0.13
VOLUNTEERS PERFORMING DIRECT SERVICE	23.29	30.83	7.04	1.66	59.15	123.88	64.73	1.44
MAN-HOURS OF DIRECT SERVICE	823.2	1031.53	208.33	0.65	811.67	966.42	154.75	2.03*

*Significant at .05 level

The table reveals that for only two variables (average number of man-hours and average number of man-hours of direct service) are the differences between Time I and Time II statistically significant. These differences were found in the data for facilities. However, Time II mean values in both control and experimental facilities for all six variables are greater than those of Time I.

Quantitative data were also collected concerning the characteristics of volunteers. Eight variables are presented in detail. They include (1) the average number of physically handicapped or disabled volunteers at Time I and at Time II, (2) the average number of socially and/or culturally disadvantaged volunteers, (3) the average number of psychologically handicapped or disabled volunteers, (4) the average number of volunteers who were retired professionals with rehabilitation skills and/or training, (5) the average number of volunteers who were active professionals with rehabilitation skills and/or training, (6) the average number of volunteers who were blue collar workers, (7) the average number of volunteers who were white collar workers, and (8) the average number of volunteers who were business and professional workers.

Table 2 indicates the mean value for each variable at Time I and Time II, the mean difference between Time I and Time II and the t-values of the differences.

TABLE 2 - CHARACTERISTICS OF VOLUNTEERS - DIFFERENCES BETWEEN TIME I AND TIME II WITH t-VALUES FOR THE DIFFERENCES

	CONTROL (n-14)				EXPERIMENTAL (n-12)			
AVERAGE NUMBER OF:	TIME I	TIME II	DIFFERENCE	t-VALUE	TIME I	TIME II	DIFFERENCE	t-VALUE
PHYSICALLY HANDICAPPED VOLUNTEERS	0.86	1.00	0.14	1.00	0.25	1.08	0.83	2.40*
SOCIALLY/CULTURALLY DISADVANTAGED VOLUNTEERS	0.22	0.29	0.07	0.29	2.33	29.75	27.42	1.03
PSYCHOLOGICALLY HANDICAPPED VOLUNTEERS	0.43	0.21	-0.22	-0.24	0.58	7.00	6.42	1.09
RETIRED PROFESSIONALS AS VOLUNTEERS	0.79	2.21	1.42	0.81	2.92	1.75	-1.17	-0.51
ACTIVE PROFESSIONALS AS VOLUNTEERS	0.79	3.29	2.50	1.37	0.92	1.75	0.83	1.10
BLUE COLLAR WORKERS AS VOLUNTEERS	7.86	9.36	1.50	1.20	9.58	26.92	17.34	0.79
WHITE COLLAR WORKERS AS VOLUNTEERS	8.21	10.29	2.08	1.06	15.00	26.25	11.25	0.79
PROFESSIONAL & BUSINESS WORKERS AS VOLUNTEERS	5.79	9.57	3.78	1.07	22.83	34.08	11.25	**2.60***

*Significant at .05 level

Only two of the variables (average number of volunteers who were physically handicapped and average number of volunteers who are professional and business workers) showed statistically significant differences between Time I and Time II and both were found among the experimental facilities. In certain instances, the average number of volunteers decreased at Time II, although the general trend in both control and experimental facilities showed an increase at Time II.

The attitudes of executive directors toward volunteer participation revealed that the attitudinal scores of both control and experimental groups decreased between Time I to Time II.

The decreases for experimental facility executive directors was less than for those in the control group. Table 3 presents the average attitudinal score

at Time I and at Time II, the mean difference between Time I and Time II and the t-value of the difference.

TABLE 3 - ATTITUDES OF EXECUTIVE DIRECTORS OF FACILITIES WITH VOLUNTEERS- DIFFERENCE BETWEEN TIME I AND TIME II WITH t-VALUE FOR THE DIFFERENCE

	CONTROL (n=14)				EXPERIMENTAL (n=12)			
	TIME I	TIME II	DIFFERENCE	t-VALUE	TIME I	TIME II	DIFFERENCE	t-VALUE
AVERAGE ATTITUDINAL SCORE	65.07	63.50	-1.57	-1.48	66.25	65.33	-0.92	-0.70

As reported in the Table 3, experimental facility executive directors had higher average attitudinal scores at Time I and at Time II than executives in the control facilities. For both groups, however, the average attitudinal score decreased during the course of the experiment although the decrease was less in the experimental group.

Data were also collected from executive directors without volunteers with respect to their attitudes toward volunteer participation. Table 4, below, presents the average attitudinal scale scores for these directors at Time I and at Time II, the mean difference between Time I and Time II, and the t-value of the difference.

TABLE 4 - ATTITUDES OF EXECUTIVE DIRECTORS WITHOUT VOLUNTEERS- DIFFERENCE BETWEEN TIME I AND TIME II WITH t-VALUE FOR THE DIFFERENCE

CONTROL (n=2)				EXPERIMENTAL (n=4)			
TIME I	TIME II	DIFFERENCE	t-VALUE	TIME I	TIME II	DIFFERENCE	t-VALUE
69.00	75.00	6.00	1.50	62.25	63.50	1.25	0.56

The difference between Time I and Time II for the control group is much greater than for the experimental executive directors, although neither of the t-values for those differences is statistically significant.

B. Description and Presentation of Qualitative Variables

The chi-square distribution provides a useful technique to analyze qualitative variables and it has been employed to determine whether the differences between experimental and control groups are statistically significant. The areas of change with qualitative characteristics are treated in the tables below - internal program management, characteristics of volunteers and attitudes toward volunteer participation.

The null hypothesis states that there are no differences in the proportion of positive changes between the two groups with respect to the variables under consideration. An alternative hypothesis states that the proportion of positive changes in the experimental group of facilities is greater than the proportion of positive changes in the control group. Positive change in terms of the variables in the experiment refers to the presence of procedures or techniques or positive attitudes which strengthen the management of a volunteer program. Two categories were established to analyze the variables- "with the characteristic" and "without

the characteristics" at Time II. Volunteer programs which had the desired characteristic at Time I and at Time II were included in the "with the characteristic" category. Volunteer programs not having the characteristic at Time I and at Time II are categorized as "without the characteristic". If the volunteer program did not have the desired characteristic at Time I but did have it at Time II it was included in the "with the characteristic" category.

With respect to the internal management of the volunteer program, the following variables are treated in Table 5 - (1) presence of staff person responsible for the volunteer program, (2) presence of written job descriptions, (3) presence of entrance interviews, (4) presence of exit interviews, (5) presence of a written plan or outline for the volunteer program, (6) presence of record keeping procedures, (7) presence of staff person responsible for volunteer recruitment, (8) number of different population groups at which recruitment efforts are directed, (9) number of different recruitment methods employed, (10) presence of an orientation program, (11) frequency of orientation, (12) length of orientation, (13) number of volunteers receiving orientation, (14) types of training provided, (15) number of volunteers receiving pre-job training, (16) number of volunteers receiving on-the-job training, and (17) number of volunteers receiving continuing education.

Table 5 presents the number and percentage of control and experimental facilities with and without the desired characteristic at Time II. The chi-square value must exceed 3.84 to be statistically significant at the .05 level.

TABLE 5 - INTERNAL PROGRAM MANAGEMENT - NUMBER AND PERCENTAGE OF CONTROL AND EXPERIMENTAL FACILITIES WITH AND WITHOUT DESIRED CHARACTERISTIC AT TIME II

	CONTROL (n=14)				EXPERIMENTAL (n=12)				
	WITH		WITHOUT		WITH		WITHOUT		CHI-SQUARE
	#	%	#	%	#	%	#	%	
STAFF PERSON RESPONSIBLE FOR VOLUNTEER PROGRAM	11	78.6	3	21.4	9	75.0	3	25.0	0.05
WRITTEN JOB DESCRIPTIONS	3	21.4	11	78.6	6	50.0	6	50.0	2.34
ENTRANCE INTERVIEWS	14	100.0	0	0.0	11	91.7	1	8.3	1.22
EXIT INTERVIEWS	9	64.3	5	35.7	6	50.0	6	50.0	0.54
WRITTEN PLAN OR OUTLINE	5	35.7	9	64.3	7	58.3	5	41.7	1.32
RECORD KEEPING PROCEDURES	8	57.1	6	42.9	10	83.3	2	16.7	2.08
STAFF PERSON RESPONSIBLE FOR VOLUNTEER RECRUITMENT	11	78.6	3	21.4	6	50.0	6	50.0	2.34

TABLE 5 - (continued)

	CONTROL (n=14)				EXPERIMENTAL (n=12)				
	WITH		WITHOUT		WITH		WITHOUT		CHI-SQUARE
	#	%	#	%	#	%	#	%	
NUMBER OF DIFFERENT POPULATION GROUPS RECRUITED	6	42.9	8	57.1	3	25.0	9	75.0	0.90
NUMBER OF " RECRUITMENT METHODS EMPLOYED	5	35.7	9	64.3	7	58.3	5	41.7	1.32
PRESENCE OF ORIENTATION PROGRAM	9	64.3	5	35.7	10	83.3	2	16.7	0.82
FREQUENCY OF ORIENTATION	8	57.1	6	42.9	7	58.3	5	41.7	0.01
LENGTH OF ORIENTATION	8	57.1	6	42.9	5	41.7	7	58.3	0.62
NUMBER OF VOL-UNTEERS RECEIVING ORIENTATION	9	64.3	5	35.7	8	66.7	4	33.3	0.01
TYPES OF TRAINING PROVIDED	4	28.6	10	71.4	7	58.3	5	41.7	2.34
NUMBER OF VOLUNTEERS RECEIVING PRE-JOB TRAINING	1	7.1	13	92.9	5	41.7	7	58.3	4.66*
NUMBER OF VOLUNTEERS RECEIVING ON-THE- JOB TRAINING	10	71.4	4	28.6	7	58.3	5	41.7	0.49
NUMBER OF VOLUNTEERS RECEIVING CONTINUING EDUCATION	4	28.6	10	71.4	5	41.7	7	58.3	0.49

*Significant at .05 level

Table 5 shows that the only statistically significant difference between the control and experimental groups is the number of volunteers receiving pre-job training with the experimental facilities having a greater number at Time II.

With respect to the characteristics of volunteers, four variables are treated in Table 6 - (1) the average number of volunteers recruited per month, (2) the distribution of volunteers by age, (3) the distribution of volunteers by education, and (4) the ratio of male to female volunteers. Positive change in these variables would be in the direction of increasing the average number of volunteers recruited each month, increasing the number of age and educational categories which describe the volunteers, and equalizing the ratio of male to female volunteers.

Table 6 presents the number and percentage of control and experimental facilities which showed increase or no increase in the characteristic at Time II. The chi-square value must exceed 3.84 to be statistically significant at .05 level.

TABLE 6 - CHARACTERISTICS OF VOLUNTEERS - NUMBER AND PERCENTAGE OF CONTROL AND EXPERIMENTAL FACILITIES SHOWING INCREASE OR NO INCREASE IN THE CHARACTERISTIC AT TIME II

	CONTROL (n=14)				EXPERIMENTAL (n=12)				
	INCREASE		NO INCREASE		INCREASE		NO INCREASE		CHI-SQUARE
	#	%	#	%	#	%	#	%	
NUMBER OF VOLUNTEERS RECRUITED PER MONTH	6	42.9	8	57.1	7	58.3	5	41.7	0.62
AGE CATEGORIES OF VOLUNTEERS	4	28.6	10	71.4	8	66.7	4	33.3	3.77
EDUCATIONAL CATEGORIES OF VOLUNTEERS	7	50.0	7	50.0	7	58.3	5	41.7	0.17
RATIO OF MALE - FEMALE VOLUNTEERS	9	64.3	5	35.7	6	50.0	6	50.0	0.54

The analysis reveals that no statistically significant difference exists between the control group and the experimental group.

The attitudes of executive directors toward volunteer activities are presented in Table 7. The questionnaire asked them to rank the three most beneficial volunteer activities in terms of benefit to the rehabilitation program. Positive change would show an increase in the number of executive directors who ranked direct service as the most beneficial activity at Time II.

TABLE 7 - ATTITUDES OF EXECUTIVE DIRECTORS WITH VOLUNTEERS TOWARD VOLUNTEER ACTIVITIES - NUMBER AND PERCENTAGE OF EXECUTIVE DIRECTORS SHOWING INCREASE OR NO INCREASE IN RANKING OF DIRECT SERVICE ACTIVITIES AT TIME II

	CONTROL (n=14)				EXPERIMENTAL (n=12)				
	INCREASE		NO INCREASE		INCREASE		NO INCREASE		CHI-SQUARE
	#	%	#	%	#	%	#	%	
RANKING OF DIRECT SERVICE ACTIVITIES	9	64.3	5	35.7	8	66.7	4	33.3	0.01

It is apparent from the table that no difference exist between the ranking by the executive directors in control and experimental facilities with respect to direct service activities of volunteers. The lack of statistical significance provides no reason to reject the null hypothesis of independence between the two groups.

An analysis of the responses from executive directors without volunteers reveals a similar pattern. The table below presents the number and percentage of control and experimental facility directors without volunteers showing increase or no increase in the ranking of direct service activities.

It is generally not a sound statistical practice to use the Chi-Square criterion when one or more of the cell frequencies is less than 5. However, Table 8 is presented below to contrast changes in attitudes of executives without volunteers with those having volunteers.

TABLE 8 - ATTITUDES OF EXECUTIVE DIRECTORS WITHOUT VOLUNTEERS TOWARD VOLUNTEER ACTIVITIES - NUMBER AND PERCENTAGE OF EXECUTIVE DIRECTORS SHOWING INCREASE OR NO INCREASE IN RANKING OF DIRECT SERVICE ACTIVITIES AT TIME II.

	CONTROL (n=2)				EXPERIMENTAL (n=4)			
	INCREASE		NO INCREASE		INCREASE		NO INCREASE	
	#	%	#	%	#	%	#	%
RANKING OF DIRECT SERVICE ACTIVITIES	0	0	2	100	1	25.0	3	75.0

IV. Conclusions and Implications

Analysis of the data provides some evidence that the experimental facilities were able to bring about positive changes in certain aspects of volunteer program management and activities of volunteers. "Activities of volunteers" was the one area showing the most positive change in the experimental facilities. Despite some encouraging findings, the bulk of the evidence leads to the conclusion that facilities which used the four handbooks did not demonstrate degrees of positive change during a nine month period that were significantly beyond those demonstrated by the control facilities.

A. Activities of Volunteers

The objectives of the four handbooks that were achieved to the greatest degree were those related to "activities of volunteers." Differences found between variables among the experimental group at Time II were statistically significant for the average number of manhours contributed by volunteers and for the average number of hours of direct service activities performed by volunteers. These findings suggest that the handbooks are relatively effective in increasing the hours of direct service activities and the number of hours of service contributed by volunteers. It is possible that many volunteer programs do not make full use of the skills and training which volunteers bring to a facility. It is encouraging to find that in the handbooks, a means has been found to promote activities which offer the greatest potential for helping clients, i.e., direct service activities.

B. Internal Program Management

Efforts to bring about changes in management practices and procedures through a handbook approach appear to be less effective than efforts to change volunteer activities. Possibly, more than a nine month period of time will be necessary to bring about positive change in this area. Some procedures seem to be more

susceptible to change than others, notably the practice of providing written job descriptions for volunteers, the practice of assigning a staff member the responsibility for directing the volunteer program, the types of training provided to volunteers and increasing the number of volunteers receiving pre-job training (see Table 5). Perhaps these types of changes are easier to make because they are more completely under the control of the executive director. Changes requiring greater staff and volunteer involvement might be expected to take longer to establish.

C. Characteristics of Volunteers

Data from the experiment provide some rather inconclusive evidence that the handbooks can be effective in producing positive change with respect to the characteristics of volunteers. Experimental facilities showed a statistically significant increase in the number of physically handicapped volunteers and the number of business and professional volunteers at Time II. The general pattern of change was in a positive direction for both groups of facilities although differences found in the control group were not statistically significant.

One possible explanation for these findings relates to the characteristics and traits of the members of the potential resource pool of volunteers in the community. As the number of potential volunteers in the resource pool increases, so does the possibility for attracting individuals with diverse backgrounds and experiences as well as physical, social and psychological handicaps. Time is an important factor in developing access to a greater diversity of potential volunteers and it is possible that nine months was too brief a period for this access to develop.

D. Attitudes of Executive Directors Toward Volunteer Participation

Perhaps the most puzzling finding from the data concerns the negative attitudinal change found among executive directors in both experimental and control groups. It was postulated that executive directors would show a positive increase in their attitudes toward volunteer participation if they devoted more time and effort to volunteer program management and if their contacts with volunteers increased. It was reasonable to expect that the greater amount of positive change would occur among the experimental group because of the handbooks and the handbooks' positive support of all aspects of volunteer participation. However, the data from Table 6 reveal a negative change in the attitudes of both groups of executive directors, the greater negative change occurring in the control group. Among executive directors in both the control and experimental groups who did not have volunteer participation in their facilities, a slight but not statistically significant positive increase was found in attitudinal scores at Time II (see Table 7).

It is possible to speculate that efforts to effect changes in volunteer programs added significantly to the problems of busy executive directors. Perhaps volunteers and volunteer problems came to be viewed as potential sources of irritation to be avoided if possible. Such speculation might be rational when considering the experimental group of executive directors who were supposedly under some pressure to make improvements (changes) in their volunteer programs. The decrease in positive attitudes for control group executive directors is more difficult to understand unless it is assumed that they, by virtue of being part of an experiment concerning volunteers, were more preoccupied than usual with

volunteers and the problems they present. Facilities without volunteer participation would have been less exposed to the assumed problems that volunteers present.

One possible explanation for the generally nonsignificant results of this experiment, as measured by the t-test and chi-square, is that the time period (nine months) was too short to permit full implementation of the four handbooks in the experimental facilities. It is possible that changes, when they are as complex as those relating to altering volunteer programs, can be brought about only with the most intense motivation on the part of the participants in so brief a time period. The experimental design did not provide for such motivation of the participating executive director, their volunteers and their staffs. It was believed advisable to let the handbooks be received and utilized under the same conditions that will apply in the future when they will be available, without any urging beyond that found in their contents.

There is also the factor of the reliability of the instruments used to measure the changes. Their reliability was not determined. Many of the nonsignificant findings of the experiment might be explained by this factor. The content validity of the instruments was well established since the instruments were based on the texts of the handbooks involved. However, the amount or degree of bias in the responses of the reporting facilities is not known. Every effort was made to reduce or eliminate potential sources of bias and contamination, but it was not possible to systematically determine the amount of bias and to "adjust" the results accordingly.

There is a need for further research relative to the effectiveness of using handbooks to effect changes in volunteer programs in rehabilitation facilities.

APPENDIX A

Organizational Development of Volunteer Programs

The concept of organizational development refers to the degree to which volunteer programs show differentiation and specialization in the practices and procedures of volunteer program management. The measurement of organizational development was accomplished by the use of a scale which includes 14 indices of development. The scale does not evaluate the quality of the volunteer services or the activities of volunteers. It is concerned with the presence or absence of components judged to form an organizationally sound program with which to administer the activities of volunteers. It is assumed that the better organized the volunteer program, the greater the liklihood that the volunteers will be able to perform their duties in a satisfactory manner.

A complete description of the developmental scale and the 14 indices can be found in The State of The Art of Volunteering in Rehabilitation Facilities, published by Goodwill Industries of America, Inc., November 1971, pages 54-56. On the basis of the developmental score, the 291 rehabilitation facilities with volunteer programs were classified into three groups: above average, average, and below average. Volunteer programs with scores from 84 to 112 were classified as above average in development, 34 to 83 as average in development, and 0 to 33 as below average in development. The mean or average developmental score for the 291 facilities with volunteer programs was 58.8. Scores for 55 volunteer programs (18.9%) fell in the above average developmental classification (84 to 112), 182 volunteer program scores (62.5%) in the average developmental classification, and 54 volunteer program scores (18.6%) in the below average developmental classification (0 to 33).

APPENDIX B

A. Handbook Titles

1. Why Involve Volunteers in a Rehabilitation Facility?
2. How Volunteers Can Help in a Rehabilitation Facility.
3. How to Organize a Volunteer Program in a Rehabilitation Facility.
4. How to Administer a Volunteer Program in a Rehabilitation Facility.
5. How to Recruit Volunteers in a Rehabilitation Facility.
6. How to Interview and Place Volunteers in a Rehabilitation Facility.
7. How to Prepare Volunteers to Help in a Rehabilitation Facility.
8. How to Supervise and Evaluate Volunteers in a Rehabilitation Facility.
9. How to Motivate Volunteers in a Rehabilitation Facility.
10. How to Incorporate Group Volunteering in a Rehabilitation Facility.
11. How to Assure Responsible Volunteering in a Rehabilitation Facility.
12. Catalog of Resources - Volunteers in Rehabilitation Facilities.

B. Description of the Four Handbooks Tested During the Experiment

#2. How Volunteers Can Help in a Rehabilitation Facility

This handbook describes the eight major categories of volunteer activities and explains the range of possible jobs for volunteers. Examples of job descriptions are treated at length with primary emphasis on direct service activities.

#3. How to Organize a Volunteer Program in a Rehabilitation Facility

This handbook provides a general description and outline of the principles, components and procedures which are important in organizing a volunteer program. It is useful in facilities without volunteer participation desiring to organize a volunteer program or in facilities where there is volunteer participation and a desire to improve the organization and administration of the program.

#5. How to Recruit Volunteers in a Rehabilitation Facility

The emphasis of this handbook is on the sources of potential volunteers, the methods which will help attract and retain volunteers and

the specific recruitment techniques designed to make recruitment methods more effective and productive.

#7. How to Prepare Volunteers to Help in a Rehabilitation Facility

This handbook goes into detail about the various principles, methods and types of preparation of volunteers. Included are descriptions of the learning process itself, training programs and orientation programs for new volunteers and a review of the different methods to facilitate learning such as role playing, small group discussions, etc.

PRE-TEST AND POST-TEST QUESTIONNAIRE

VOLUNTEERS IN REHABILITATION

A Research and Demonstration Project; Department of Health, Education, and Welfare
Grant Number: 12-P-55087/3-03

1. How long has the facility been in operation? _____Years _____Months

2. How long has the executive director been employed by the facility with the duties of executive director? _____Years _____Months

3. Is there a sheltered workshop as part of the facility? Yes_____ No_____

4. Please indicate the annual operating budget for the facility during 1972 (calendar or fiscal year). $_____

5. How many staff members are employed at the facility at the present time?
Full time_____ Part time_____

6. How many client-employees are being served by the facility at the present time? _____

7. Please indicate the services provided or available to client-employees from the facility.

a._____Occupational therapy
b._____Physical therapy
c._____Speech and hearing therapy
d._____Medical evaluation
e._____Psychological evaluation
f._____Social services
g._____Work adjustment
h._____Work evaluation
i._____Vocational skill training
j._____Nursing services
k._____Psychotherapy
l._____Personal counseling
m._____Rehabilitation (vocational) counseling
n._____Hygiene and personal grooming
o._____Job placement
p._____Day care
q._____Chapel
r._____Camp
s._____Basic education
t._____Homebound program
u._____Mobility training
v._____Homemaking skills
w._____Other (please specify)

_____
_____

8. Please indicate, by primary disability, the number of client-employees presently served by the facility.

a._____Visual impairments
b._____Hearing impairments
c._____Cerebral palsy
d._____Other orthopedic deformities or functional impairments
e._____Absence or amputation of major or minor members
f._____Psychotic disorders
g._____Psychoneurotic disorders
h._____Alcoholism
i._____Drug addiction
j._____Mental retardation
k._____Other character, personality, and behavioral disorders
l._____Epilepsy
m._____Cardiac and circulatory conditions
n._____Other disabling medical conditions
o._____Old age
p._____Socially and/or culturally disadvantaged
q._____Speech disorders
r._____No disabilities

PLEASE NOTE

If volunteers have not participated in the facility's program during the past 6 months, please omit questions 9 through 52 and answer questions 53 through 57.

Please refer to definitions on pages 2, 3 and 4.

9. Please estimate the total number of volunteers who have participated in facility-directed or facility-sponsored activities during the past 6 months. (Count a volunteer only once whether he/she has participated one time or several times during the past 6 months.) _____Volunteers

10. At the present time approximately how many of the volunteers indicated in question 9 are:

a. _____Active (volunteers who are currently involved in some activity that requires participation on a regular basis.)
b. _____Inactive (volunteers who have temporarily ceased to participate on a regular basis but can be called upon to perform a specific one-time job under special circumstances.)
c. _____Discontinued (individuals who have withdrawn from the program because of illness, family responsibilities, disinterest, etc.)

Total _____(Same as question 9.)

11. Please estimate the total number of man-hours contributed by volunteers during the six months indicated in question 9. _____Man-hours

12. Listed below are nine volunteer activity categories. Please estimate the percentage of volunteers in question 9 who have participated in the different volunteer activities during the past 6 months. (This may total more than 100% as some volunteers perform a variety of different activities.) See definition of each activity.

a. _____% Direct Service Activities
b. _____% Ancillary Service Activities
c. _____% Recreational-Social Activities
d. _____% Administrative/Clerical Activities
e. _____% Social Action Activities
f. _____% Public Relations Activities
g. _____% Fund Raising Activities
h. _____% Group Projects
i. _____% Other (please specify)
_____
_____
_____

13. Please estimate the percentage of the number of man-hours in question 11 that have been expended in the different volunteer activity categories.

a. _____% Direct Service Activities
b. _____% Ancillary Service Activities
c. _____% Recreational-Social Activities
d. _____% Administrative/Clerical Activities
e. _____% Social Action Activities
f. _____% Public Relations Activities
g. _____% Fund Raising Activities
h. _____% Group Projects
i. _____% Other (please specify)_____
_____

100% Total

14. Is there an organized volunteer auxiliary associated with the facility?
Yes_____ No_____

15. If yes, please estimate the percentage of volunteers in question 9 who have participated as members of the volunteer auxiliary organization. _____%

16. Is there one person on the facility staff who has primary responsibility for administering and directing the volunteer program. Yes_____ No_____

17. What is this person's official title? _____

18. On the average, how many hours each week does this person devote to directing the volunteer program? _____Hours/week

19. Are there written job descriptions for duties assigned to volunteers?
Yes_____ No_____

20. If yes, what percentage of the volunteer jobs have written job descriptions outlining duties and responsibilities? _____%

If you do have written job descriptions, please send one copy of each job description.

21. Are entrance interviews conducted with volunteers before assignment to specific jobs? Yes_____ No_____

22. Are exit interviews conducted with volunteers who leave the facility's program? Yes_____ No_____

23. Is there a written plan or outline to direct the management and organization of the volunteer program? Yes_____ No_____

24. At the present time are records kept concerning volunteer participation (hours of service, number of volunteers, etc.)? Yes_____ No_____

25. If yes, who maintains these records?
a._____Facility staff
b._____Volunteer auxiliary
c._____Other (please specify) _____

If records are kept concerning volunteer participation, please send a copy of the reporting form(s).

26. Is there a specific area or room in the facility which serves as the headquarters for the volunteers? Yes_____ No_____

27. Are there parking spaces reserved for volunteers at the facility or nearby? Yes_____ No_____

28. Which of the following expenses are reimbursed or provided to volunteers by the facility?

a._____Transportation
b._____Liability insurance
c._____Meals
d._____Parking
e._____Cost of conferences
f._____Other (please specify) _____
g._____None

29. Does one member of the facility staff have primary responsibility for volunteer recruitment? Yes_____ No_____

If yes, what is this person's title?_____

_____

30. From among the following population groups, please indicate those toward which recruitment efforts have been directed during the past 6 months. (See definitions.)

a._____Youth (under 13 years)
b._____Young people (13-24 years)
c._____Senior citizens (60 and over)
d._____Blue collar workers
e._____White collar workers
f._____Business and professional people
g._____Culturally and/or socially disadvantaged persons
h._____Disabled persons
i._____Persons from racial, national or religious minorities
j._____Other (please specify)

_____

_____

31. Which of the following recruitment methods have been employed within the past 6 months to obtain volunteers? (See definitions.)

a._____Direct recruitment
b._____Indirect recruitment
c._____Delegated recruitment
d._____Other methods (please specify) _____

_____

32. On the average, how many volunteers have been recruited each month during the past 6 months? _____ Volunteers/month

33. On the average, how many hours each month have been expended by staff in volunteer recruitment efforts during the past 6 months? _____ Hours/month

34. Please estimate the percentage of hours indicated in question 33 that are expended in utilizing the different recruitment methods. (See definitions.)

a._____% Direct recruitment
b._____% Indirect recruitment
c._____% Delegated recruitment
d._____% Other methods (please specify) _____

100% Total _____

35. Please estimate the number of active volunteers (see question 10A) who have been participating in the volunteer program for:

a._____Less than 6 months
b._____6 months - 11 months
c._____1 - 2 years
d._____3 - 5 years
e._____More than 5 years

36. Please estimate the number of active volunteers in the following age categories:

a._____19 and below
b._____20 - 34 years
c._____35 - 49 years
d._____50 - 64 years
e._____65 years and over

37. Please estimate, in numbers of volunteers, the highest level of education attained by the active volunteers.

a._____Less than high school education
b._____Some high school education
c._____High school diploma
d._____Some college education
e._____College degree
f._____Presently attending grade school, high school or college

38. Please estimate the number of active volunteers who are:

a._____Men
b._____Women

39. Please estimate the number of active volunteers in the following categories:

a._____Physically handicapped or disabled
b._____Socially and/or culturally disadvantaged
c._____Psychologically handicapped or disabled

40. Please estimate the number of active volunteers who are:

a._____Retired professionals with rehabilitation skills and/or training (therapist, nurse, counselor, psychologist, etc.)
b._____Active professionals with rehabilitation skills and/or training (therapist, nurse, counselor, psychologist, etc.)

41. Please estimate the number of active volunteers who can be placed in the following occupational categories. (See definitions.)

a._____Blue collar
b._____White collar
c._____Business and professional

42. Please estimate the number of active volunteers who can be placed in the following minority group categories.

a._____Racial (Negro, American Indian, Oriental, other)
b._____National (Mexican-American, Polish, Puerto Rican, other)
c._____Religious (Jewish, Catholic, other)

43. Does the facility provide an orientation program for volunteers?

Yes_____ No_____

44. Is each new volunteer required to complete an orientation program for volunteers? Yes_____ No_____

45. How frequently is the orientation program conducted? _____

46. How long does the orientation program generally last? _____

47. Briefly describe the major subjects that are covered in the orientation program.

_____

_____

_____

_____

48. Please estimate the percentage of active volunteers who have attended the orientation program. _____%

49. What types of training are provided to volunteers?

a. _____Pre-job training
b. _____On-the-job training
c. _____Continuing education
d. _____Other (please specify) _____

_____

50. Please estimate the percentage of active volunteers who have received each type of training. (This may total more than 100% as some volunteers receive two or more types of training.)

a. _____% Pre-job training
b. _____% On-the-job training
c. _____% Continuing education
d. _____% Other

51. Is each volunteer required to receive some training before assuming full responsibility for a specific job? Yes_____ No_____

52. Please indicate the learning methods or techniques which are employed within the total learning program for volunteers. (Examples of learning methods include role playing, small group discussions, etc.)

_____

_____

_____

_____

_____

_____

NOTE: The executive director should answer questions 53 and 54.

53. The following statements refer to volunteer participation in rehabilitation facilities. Please indicate your feeling about each statement even though you may not have volunteers participating in your facility. Place the appropriate number corresponding to one of five categories listed below. Write the number in the space provided before each statement.

1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree

a. _____ Volunteers require more training than paid staff to carry out similar duties.

b. _____ Volunteers provide services that could not generally be provided by the facility.

c. _____ In most instances, volunteers don't remain with the facility long enough to justify the time and effort necessary to train and supervise them.

d. _____ Volunteers should be considered as equal members of the service team of the facility.

e. _____ Volunteers often disrupt the facility's ongoing program.

f. _____ Volunteers should participate in the decision-making process when it affects their work assignments.

g. _____ Most volunteers do not have the knowledge or the skills to work directly with the client-employees served by the facility.

h. _____ All rehabilitation programs can benefit from volunteer participation.

i. _____ Supervising volunteers is more difficult than supervising paid staff.

j. _____ Volunteers ought to be reimbursed for out-of-pocket expenses related to their participation in the facility's program.

k. _____ It is often difficult to maintain good working relations between volunteers and staff.

l. _____ Responsibility for directing a volunteer program should be assigned to one individual on the facility staff.

m. _____ Most volunteers are unreliable in carrying out their assigned duties.

n. _____ Volunteers provide the greatest benefit to the facility when they supplement the paid staff in delivering rehabilitation services to clients.

o. _____ Volunteers should not be given assignments which require access to confidential information.

p. _____ Volunteers should not be restricted to certain jobs or types of acitivities because of their volunteer status.

q._____The benefits provided by volunteers do not outweigh the additional costs of training and supervising them.

r._____Recruitment efforts should attempt to attract volunteers with different characteristics such as age, education, sex, social background, etc.

54. Listed below are eight categories of volunteer activities. Using the numbers 1, 2, and 3, please rank the three categories of volunteer activities which provide the most benefit to a rehabilitation program. Number 1 indicates the most beneficial activity, 2 the second most beneficial activity, etc. (See definitions.)

a._____Direct Service Activities
b._____Ancillary Service Activities
c._____Recreational-Social Activities
d._____Administrative/Clerical Activities
e._____Social Action Activities
f._____Public Relations Activities
g._____Fund Raising Activities
h._____Group Projects Activities

55. If volunteers have never participated in the facility, please indicate the reason or reasons for never having volunteer participation.

_____

_____

_____

_____

56. If there have been volunteers participating in the facility at one time but the practice has been discontinued, please indicate the reason or reasons for this action.

_____

_____

_____

57. How long ago was volunteer participation discontinued in the facility?
_____Years _____Months

Name of Facility_____

Address_____

_____
City State Zip Code

Date Completed_____

VOLUNTEERS IN REHABILITATION PROJECT

ADVISORY COMMITTEE

A. J. Bob Blase
Executive Director
Goodwill Industries of San Antonio
San Antonio, Texas

Mrs. Claude F. Bridges
NAGI President
Highland Mills, New York

Earl Cunerd
Executive Director
United Cerebral Palsy Associations, Inc.
New York, New York

Mrs. Marion Hann
Public Relations Director
Tacoma Goodwill Industries Rehabilitation Center, Inc.
Tacoma, Washington

Mrs. James R. Hetherington
NAGI Past President
Indianapolis, Indiana

Mrs. Elliot Jacobson
Past President
Association of Volunteer Bureaus of America
Kansas City, Missouri

A. B. C. Knudson, M.D.
Assistant Director of Health
Fairfax County
Fairfax, Virginia

John J. McManus
Assistant Director
Department of Community Services
AFL-CIO
Washington, D.C.

Francis W. Mulcahy
President
Davis Memorial Goodwill Industries, Inc.
Washington, D.C.

Mrs. Harriet H. Naylor
Director of Educational Development
National Center for Voluntary Action
Washington, D.C.

C. Esco Obermann, Ph.D.
Research Consultant
Hastings, Minnesota

Mrs. William Osler
Past President
The Association of the Junior Leagues of America, Inc.
Wormleysburg, Pennsylvania

Nicholas Panza
Assistant Executive Director
Goodwill Industries of Southern California
Los Angeles, California

Arthur L. Powell
Associate Director
Social Welfare Division
National Urban League, Inc.
New York, N.Y.

Henry Redkey
Cape George Colony
Port Townsend, Washington

Harold Richterman
Director of Rehabilitation Services
National Industries for the Blind
New York, N.Y.

Charles Roberts
Executive Director
International Association of Rehabilitation Facilities
Washington, D.C.

Philip Roos, Ph.D.
Executive Director
National Association for Retarded Children
Arlington, Texas

Mrs. Rex V. Roupe
VIR Project Chairman
Des Moines, Iowa

Mrs. Thomas Shaw
Akron, Ohio

Miss Jayne Shover
Executive Director
National Easter Seal Society for Crippled Children and Adults
Chicago, Illinois

H. Conwell Snoke, Esq.
Immediate Past President
Goodwill Industries of America, Inc.
Somers Point, New Jersey

Miss Patricia Sussmann, Director
Division of Volunteer Services
American Hospital Association
Chicago, Illinois

Mrs. Evelyne R. Villines, Executive Secretary
Governor's Committee on Employment of the Handicapped
State of Iowa
Des Moines, Iowa

Robert E. Watkins
Executive Vice President, Development
Goodwill Industries of America, Inc.
Washington, D.C.

E. B. Whitten, Executive Director
National Rehabilitation Association
Washington, D.C.

William E. Flanigan, Executive Secretary
Division of Research and Demonstration
Social and Rehabilitation Service
Department of Health, Education, and Welfare
Washington, D.C.

Dean Phillips
National Executive Director
Goodwill Industries of America, Inc.
Washington, D.C.